

Objective	EP Requirement	EH/CAH Requirement	Measure
Core Set			
<i>The EP, EH or CAH must meet all objectives</i>			
CPOE (Computerized Physician Order Entry)**	Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines	Use CPOE for orders (any type) directly entered by the authorizing provider (for example, MD, DO, RN, PA, NP)	More than 30% of unique patients ¹ with at least one medication in their medication list seen by the EP or admitted to the EH's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE
Drug Interaction***	Implement drug-drug and drug-allergy interaction checks	Implement drug-drug and drug allergy interaction checks	The EP/EH/CAH has enabled this functionality for the entire EHR reporting period
Electronic transmission of prescriptions**	Generate and transmit permissible prescriptions electronically (eRx)	N/A	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology
Record demographics*	Record preferred language, gender, race, ethnicity, date of birth	Record preferred language, gender, race, ethnicity, date of birth, date and preliminary cause of death in the event of mortality in the EH or CAH	More than 50% of all unique patients seen by the EP or admitted to the EH's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data
Problem list of diagnoses*	Maintain an up-to-date problem list of current and active diagnoses	Maintain an up-to-date problem list of current and active diagnoses	More than 80% of all unique patients seen by the EP or admitted to the EH's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data
Maintain active medication list*	Maintain active medication list	Maintain active medication list	More than 80% of all unique patients seen by the EP or admitted to the EH's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data
Maintain active medication allergy list*	Maintain active medication allergy list	Maintain active medication allergy list	More than 80% of all unique patients seen by the EP or admitted to the EH's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data
Record vital signs**	Record and chart changes in vital signs: Height, weight, Blood pressure, Calculate and display BMI, Plot and display growth charts for children 2-20 years, including BMI	Record and chart changes in vital signs: Height, weight, Blood pressure, Calculate and display BMI, Plot and display growth charts for children 2-20 years, including BMI	For more than 50% of all unique patients age 2 and over seen by the EP or admitted to eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structured data

¹ A “unique patient” means an individual patient, not a patient visit. E.g., if a patient is seen by an EP, or in an EH or CAH's inpatient or emergency department (POS 21 or 23) more than once during the EHR reporting period, then for purposes of measurement they only count once in the denominator for the measure.

* Measures with a denominator of unique patients regardless of whether the patient's records are maintained using certified EHR technology
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 *** Measures requiring only a yes/no attestation

Objective	EP Requirement	EH/CAH Requirement	Measure
Record smoking status for patients age 13 and over**	Record smoking status for patients 13 years old or older	Record smoking status for patients 13 years old or older	More than 50% of all unique patients 13 years old or older seen by the EP or admitted to the EH’s or CAH’s inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data
Implement clinical decision support rule***	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance that rule	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance that rule	Implement one clinical decision support rule
Report clinical quality measures	Report ambulatory clinical quality measures to CMS or the States	Report hospital clinical quality measures to CMS or the States	For 2011, provide aggregate numerator, denominator, and exclusions through attestation; for 2012, submit electronically
Provide patients with an electronic copy of their information upon request**	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request	More than 50% of all patients of the EP or the inpatient or emergency departments of the EH or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days
Electronic Discharge Instructions**	N/A	Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request	More than 50% of all patients who are discharged from an EH or CAH’s inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it
Office visit summary**	Provide clinical summaries for patients for each office visit	N/A	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days
Exchange clinical information electronically with other providers and patient authorized entities***	Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Capability to exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Performed at least one test of certified EHR technology’s capacity to electronically exchange key clinical information
Ensure privacy and security***	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process
Menu Set <i>The EP, EH or CAH may select any five objectives</i>			
Drug formulary checks***	Implement drug formulary checks	Implement drug formulary checks	The EP/EH/CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period

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Objective	EP Requirement	EH/CAH Requirement	Measure
Record advanced directives**	N/A	Record advance directives for patients 65 years old or older	More than 50% of all unique patients 65 years old or older admitted to the EH's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded
Incorporate lab results**	Incorporate clinical lab-test results into certified EHR technology as structured data	Incorporate clinical lab-test results into certified EHR technology as structured data	More than 40% of all clinical lab tests results ordered by the EP or by an authorized provider of the EH or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data
Patient lists by condition***	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach	Generate at least one report listing patients of the EP, EH or CAH with a specific condition
Follow-up reminders**	Send reminders to patients per patient preference for preventive/ follow up care	N/A	More than 20% of all unique patients 65 years or older or 5 years old or younger are sent an appropriate reminder during the EHR reporting period
Patient electronic access to information*	Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four business days of the information being available to the EP	N/A	More than 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information
Patient Education Resources*	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate	More than 10% of all unique patients seen by the EP or admitted to the EH's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources
Medication reconciliation**	The EP, EH or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation	The EP, EH or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation	The EP, EH or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP or admitted to the EH's or CAH's inpatient or emergency department (POS 21 or 23)
Summary of care record**	The EP, EH or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral	The EP, EH or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral	The EP, EH or CAH who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals

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Objective	EP Requirement	EH/CAH Requirement	Measure
<i>The EP, EH or CAH must complete at least one of the following three objective/measures unless the EP, EH or CAH has an exception for all three objectives</i>			
Submission of immunization data electronically***	Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice	Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP, EH or CAH submits such information have the capacity to receive the information electronically)
Submission of reportable lab results to public health agencies electronically***	N/A	Capability to submit electronic data on reportable (as required by state or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice	Performed at least one test of certified EHR technology's capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which EH or CAH submits such information have the capacity to receive the information electronically)
Submission of syndromic surveillance data to public health agencies***	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP, EH or CAH submits such information have the capacity to receive the information electronically)

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For More Information

For further guidance on how to take advantage of the opportunity presented by meaningful use certification, please contact any of the following Polsinelli Shughart PC attorneys:

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